DI-061: CANCER ASSOCIATED THROMBOSIS: EVALUATION OF AN ANTICOAGULATION THERAPY APPROACH IN A MEDICAL ONCOLOGY SERVICE

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OBJECTIVE
The aim of our study was to evaluate the anticoagulation therapy approach in cancer-associated thrombosis patients with reference to international guidelines.

STUDY DESIGN

Study type: A descriptive study.

Period: From January 2015 to September 2016 (21 months).

Patients: Cancer patients who developed thrombosis at diagnosis or during disease evolution.

Data collection: was achieved using patients’ medical files.

Guidelines: of ‘Groupe Francophone Thrombose et Cancer (GFTC)’ were used to evaluate our management of thrombosis.

RESULTS

POPULATION CHARACTERISTICS
- Number of patients: 25
- Sex-ratio (M/F) = 1.27 (14H/11F)
- Median Age: 59 years (21-80 years)

TYPES OF VENOUS THROMBOEMBOLISM (VTE)
- Deep venous thrombosis
- Pulmonary embolism
- Catheter-associated thrombosis

INITIAL TREATMENT OF VTE (FIRST 5 TO 10 DAYS)

One of the 2 patients treated by VKA didn’t reach the target International Normalized Ratio (INR). Therefore, VKA was substituted by LMWH.

EARLY MAINTENANCE AND LONG TERM TREATMENT

Two patients suffered from heparin-induced thrombocytopenia during initial treatment. As a result, LMWH was replaced by VKA.

DURATION OF TREATMENT

With reference to ‘Groupe Francophone Thrombose et Cancer (GFTC)’ Guidelines:
- LMWH is recommended for the initial treatment of established VTE in cancer patients.
- Fondaparinux and Unfractionated Heparin (UFH) could be used equally for the initial treatment of established VTE in cancer patients. However, the level of recommendation and the quality of evidence are low.
- The balance between efficacy and safety favors the use of LMWH vs UFH (lower risk of heparin-induced thrombocytopenia) and once or twice a day use vs continuous perfusion or three times a day).
- Tinzaparin and dalteparin are LMWHs having Marketing Authorization for prolonged treatment of VTE and for the prevention of recurrence in patients with active cancer and / or undergoing chemotherapy.
- LMWH are preferred for the early maintenance treatment (ten days to third month) and long-term treatment (beyond 3 months) of VTE in cancer patients.
- LMWH should be used for a minimum of three months to treat established VTE in cancer patients.

DISCUSSION

According to our results, therapeutic management of VTE in our department is globally comparable to current international recommendations.

The optimal duration of treatment remains unclear. In our study, arrest or prolongation of anticoagulation was based on individual evaluation of safety, efficacy, patients’ preference and cancer activity.

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